

2008-03

LOUISIANA BOARD OF ETHICS

D. S. DISCLOSURE STATEMENT PURSUANT TO LSA-R.S. 42:1119B(2)(b) 2080050

1. James B. Fullerman, Sr., D.O., residing at 29 Higgins, New Iberia, La 70563  
(Name) (Mailing Address, including City & Zip Code)

do declare that:

1.

That this disclosure statement is made pursuant to LSA-R.S. 42:1119B(2)(b) for the year beginning on January 1<sup>st</sup>, 2008.  
(Year)

2.

That I am: ☒ Chief Executive ☒ Board Member ☐ Commissioner (check one) of the  
Hospital Service District No. 1 of Iberville Parish Delta Regional Medical Center  
(Name of Hospital Service District or Public Trust Authority)  
and have served in this capacity since February 23, 1995.  
(Month) (Day) (Year)

3.

That my immediate family member, defined by LSA-R.S. 42:1102(13) as his children, the spouses of children, his brothers, his sisters, the spouses of his brothers, the spouses of his sisters, his parents, his spouse, and the parents of his spouse, is employed by the described Hospital Service District / Public Trust Authority. The facts of such employment are as follows:

- Name of Immediate Family Member: James B. Fullerman, Sr., D.O.  
Relation of Immediate Family Member: Father  
Position held by immediate Family Member: Medical Director, Iberville Regional Medical Center  
Date employed (month, day, year): April 1, 1995  
Applicable Exception (check all that apply):  
☐ Employed by Hospital Service District / Public Trust Authority for more than one year prior to filer becoming the chief executive or a board member or commissioner of the Hospital Service District / Public Trust Authority  
☐ Serving in public employment continuously since April 1, 1980, the effective date of the Code of Governmental Ethics  
☒ Hospital Service District / Public Trust Authority has a district population of 10,000 or less and the family member is employed as a licensed physician or registered nurse.

  
Signature, Chief Executive, Hospital Board Member or Commissioner

**NOTE:** These disclosure statements are due by January 30<sup>th</sup> of each year that you have an immediate family member employed by the hospital service district or hospital public trust authority. This Disclosure Statement must be filed even if you filed one last year or at any other time during the year and the information you disclosed has not changed.